

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS
BUSINESS REGULATION ADMINISTRATION
ALCOHOLIC BEVERAGE REGULATION ADMINISTRATION**



APPLICATION FOR SAFEKEEPING

Date of Application: _____

Application No.: _____

License Number: _____

Type of License: _____

License Class: _____

License Expiration Date: _____

Telephone Number (Home): _____

Telephone Number (Office): _____

Applicant's Name: _____

Trade Name: _____

Premise Address: _____

(Number) (Street Name)

(City) (/State) (Zip Code)

Ward: ANC:

Resident Address: _____

(Number) (Street Name)

(City) (State) (Zip Code)

Safekeeping status is being requested for the following reason(s):

Print Name Signature Title

SPECIAL NOTICE

The District of Columbia will appropriate auxiliary services including sign interpreters, whenever necessary to ensure effective communication with member of the public who are deaf, hearing impaired or who may have other disabilities affecting communication.

Requests must be made to the Alcoholic Beverage Control Division at least 10 (ten) days prior to your hearing date.

OFFICIAL USE ONLY

APPROVED BY BOARD: _____

DENIED BY BOARD: _____